

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/14/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185125	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED APR 18 2011 03/31/2011 </div>	
NAME OF PROVIDER OR SUPPLIER HILLCREST HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1245 AMERICAN GREETINGS PL. P.O. BOX 456 CORBIN, KY 40708 Division of Health Care Southern Enforcement Branch			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS An abbreviated standard survey (KY16098, KY16123) was conducted on March 29-31, 2011. KY16098 was unsubstantiated with no deficient practice identified. KY16123 was substantiated with deficient practice identified at 'D' level.	F 000	F312 Submission of this Plan of Correction does not indicate that a deficiency existed or that a deficiency was cited correctly. However, this Plan of Correction is being submitted to ensure our continuing compliance with Licensure Criteria.			
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide the necessary services to maintain good grooming and personal hygiene for one of three sampled residents (resident #3). Resident #3 was totally dependent on staff for grooming; however, the facility failed to provide daily nail care for resident #3. The findings include: Interview with the Administrator and Director of Nursing (DON) on March 29, 2011, at 12:49 p.m., revealed the facility had identified a problem with nail care not being provided on March 15, 2011. According to the Administrator and DON the facility initiated interventions to correct the identified problems on March 15, 2011, to include an in-service which reminded all staff to provide resident nail care with the morning care. The Administrator and DON further stated the charge nurse was responsible to assure the nurse aides	F 312	1) Resident #3's fingernails and toenails were observed by the Administrator and Director of Nursing to be neatly trimmed. However, since her nails are thin and sharp like a baby's, they were filed to help remove any sharp edges. 2) All residents' nails were observed and nail care provided as necessary. No problems were noted. 3) Diabetic nail care has been added to the treatment sheets by nursing supervisors to ensure that nurses are signing off when diabetic nail care has been administered. As new admissions and re-admissions come in, an order will be written for diabetic nail care so that it will be printed on the nurse treatment sheets and nurse aide flow sheets. A separate category is being added to the nurse aide flow sheets which address's observing and cutting fingernails and toenails. Nursing staff have been inserviced on nail care by the Administrator and Director of Nursing.			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature], Administrator

4-18-11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER HILLCREST HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1245 AMERICAN GREETINGS RD, P O BOX 556 CORBIN, KY 40702		
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F 312	<p>Continued From page 1</p> <p>had provided nail care to all residents. The nurse aides were required to initial a sheet daily verifying the resident's nails were observed, clean, and trimmed. According to the Administrator and DON after this problem was identified the supervisors had performed random checks to ensure nail care was provided to the residents.</p> <p>Observation on March 29, 2011, at 2:45 p.m. and 4:30 p.m., revealed resident #3 in an adult baby bed with the side rails up and padded. Resident #3 was observed to be rolling around in the bed, scratching at the resident's back and shoulder area. Scratches were observed on resident #3's left shoulder. Observation of resident #3's fingernails revealed the nails were medium length, very thin in appearance, and white at the tip.</p> <p>A review of resident #3's medical record revealed the resident had diagnoses to include Severe Mental Retardation, Epilepsy, and Dermatitis. Review of resident #3's Minimum Data Set (MDS) dated December 13, 2010, revealed the resident required total care from staff with all activities of daily living. A review of resident #3's comprehensive care plan (CCP) dated December 18, 2010, revealed resident #3 was a total groom daily by staff. Review of resident #3's weekly skin integrity assessment revealed on December 9, 2010, the resident had self-inflicted scratches to the right buttocks. On February 6, 2011, resident #3 had a self-inflicted laceration one and one-half inches long to the peri area. Review of resident #3's nurse aide treatment sheet for March 2011 revealed resident #3 had received morning care to include nail care on March 29, 2011.</p>	F 312	<p>4) Nurse aides will be responsible for observing and cutting nails weekly on the specified day (per the nurse aide flow sheets). Nurses are to monitor for nail care weekly during their skin assessments, providing diabetic nail care as ordered and ensuring that all other nails are clean and neatly trimmed. Any problems will be immediately corrected. As needed, podiatrist services will be arranged. Unit Supervisors will randomly check the nails of 5 residents weekly for 1 month, then 5 residents monthly for 2 months to ensure that no further problems occur. Any discrepancies will be reported to the CQI Committee for follow up.</p> <p>5) March 31, 2011</p>		

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F 312	<p>Continued From page 2</p> <p>Interview with certified nursing assistant (CNA) #1 on March 29, 2011, at 4:37 p.m., revealed it was the responsibility of the CNAs to provide nail care to the residents. CNA #1 further stated the nail care was to be provided on the resident's scheduled shower day. Observation of resident #3's nails with CNA #1 at 4:42 p.m. on March 29, 2011, and interview with CNA #1 revealed resident #3's nails were too long, and the resident should have been given nail care. CNA #1 stated that resident #3 had a history of scratching herself/himself and since resident #3's hands and feet were contracted the nails should have been kept cut short.</p> <p>Interview with CNA #3 on March 29, 2011, at 5:00 p.m., revealed it was the responsibility of the CNAs to provide nail care for all residents. Further interview revealed the nail care was performed when needed. Observation of resident #3's toenails and fingernails with CNA #3 on March 29, 2011, at 5:05 p.m., and interview with the CNA revealed resident #3's nails needed trimming due to the fact that the resident had a history of scratching. CNA #3 stated the CNA had provided care for resident #3 on March 28, 2011, and again on March 29, 2011; however, the CNA had not provided nail care for the resident.</p> <p>Interview with Licensed Practical Nurse (LPN) #1, who was the charge nurse, on March 29, 2011, at 5:53 p.m., revealed the LPN was not aware resident #3's nails needed trimming. LPN #1 stated that resident #3's nails should have been kept at a short length due to the resident's history of scratching her/himself. Interview with LPN #1 further revealed the LPN was responsible for assuring that all residents received nail care by the nurse aides; however, the LPN had not</p>	F 312			

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F 312	Continued From page 3 checked behind the nurse aides to ensure resident nail care had been provided in the past week and a half.	F 312			